

2706

6929.8

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1731

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 16

114 03 DEATH ID X RESIDENCE 6  2 1 2 101 0 349	1. PLACE OF DEATH A. COUNTY <u>Yavapai County</u> B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Rural</u> C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>0</u> <u>17</u> MO.		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Coconino</u> C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Rural - Sedona P.O.</u> D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Sedona, Arizona</u>	
	3. NAME OF DECEASED A. (FIRST) <u>Barbara</u> B. (MIDDLE) <u>Joan</u> C. (LAST) <u>Blanton</u>		4. SEX <u>Female</u> 5. COLOR OR RACE <u>White</u>	
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> 7. DATE OF BIRTH MONTH <u>Sept</u> DAY <u>9</u> YEAR <u>47</u> 8. AGE YEARS <u>1</u> MONTHS <u>5</u> DAYS <u>26</u> 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): <u>Infant</u> 9B. KIND OF BUSINESS OR INDUSTRY <u>Home</u> 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u> 11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u> 13. SOCIAL SECURITY NO. <u>None</u> 14A. FATHER'S NAME <u>Lloyd G. Blanton</u> 14B. BIRTHPLACE (STATE OR COUNTRY) <u>Missouri</u> 15A. MOTHER'S MAIDEN NAME <u>Dorothea Joy Powhins</u> 15B. BIRTHPLACE (STATE OR COUNTRY) <u>Indiana</u>		16. INFORMANT'S SIGNATURE <u>Nellie Perkins Ash Fork, Arizona</u> ADDRESS _____	
	17. DATE OF DEATH (MONTH) <u>March</u> (DAY) <u>7</u> (YEAR) <u>1949</u>		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRA-CTED.	
19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT (SPECIFY) <u>Drowning</u> 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Irrigation ditch</u> 21C. (CITY OR TOWN) (COUNTY) (STATE) <u>Near Sedona, Yavapai Arizona</u> 21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>3</u> <u>7</u> <u>49</u> <u>10:30 P.</u> 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____		
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT <u>10:45 A.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
23A. SIGNATURE (DEGREE OR TITLE) <u>W. H. Blanton, Ex-officio Coroner</u>		23B. ADDRESS <u>Cottonwood, Arizona</u>		
23C. DATE SIGNED <u>3-8-49</u>		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> 24B. DATE <u>March 10, 1949</u> 24C. NAME OF CEMETERY OR CREMATORY <u>Sedona Cemetery</u> 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Sedona, Ariz.</u>		
25A. DATE REC'D BY LOCAL REG. <u>3-8-49</u>		25B. REGISTRAR'S SIGNATURE <u>Ernest L. Farley</u> 25C. FUNERAL DIRECTOR'S SIGNATURE <u>John E. McMillan</u> ADDRESS <u>Jerome, Ariz. Box 5</u>		